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## Chapter 15 Homicide

### Abstract

Death by homicide--the act of one individual willfully killing another--profoundly affects the mental and physical well being of family members and friends of the murdered victim. Its impact, however, quickly expands to include agents of the criminal and juvenile justice systems, allied professionals, victim service providers and caregivers, and the public--at large. This chapter will discuss homicide in the context of the relationship that develops between the murder victim, the victims' family members, and the murderer upon notification of the death to family members, addressing the manner in which they are informed and the types of trauma that can be anticipated. It will consider the specific ways in which homicide is perceived by society, adjudicated by the criminal and juvenile justice systems, and treated by the media; and it will explore research and clinical findings regarding homicide and bereavement. Finally, the chapter will offer promising practices for treatment and support of those most directly affected by homicide.

### Learning Objectives

Upon completion of this chapter, students will understand the following concepts:

- The scope and circumstances of homicide, along with elements unique to the homicides of loved ones that negatively impact survivors.
- Grief reactions and typical reactions to homicide.
- Post Traumatic Stress Disorder and Traumatic Grief
- The victim service providers' responses to homicide survivors and promising practices for the treatment and support of homicide survivors.

### Statistical Overview

#### National Statistics:

- In 1998, the estimated number of persons murdered in the United States was 16,914. The 1998 figure was down 7% from 1997, and 28% from 1994 (FBI 17 October 1999, 14.)
- Down 7% from 1997, the national murder rate in 1998 was six per 100,000 inhabitants, the lowest since 1967. Five- and ten-year trends show the 1998 murder rate was 30% lower than in 1994, and 28% below the 1989 rate (Ibid.).

- Sixty-one enforcement officers were feloniously slain in the line of duty during 1998 (Ibid., 291).
- In 1998, 48% of murder victims were black, 50% were white, and the remaining 2% were other races. Seventy-six percent of murder victims were male and 44% were between the ages of 20 and 34 (Ibid., 14).
- Firearms were used in 55% of all murders committed in 1998. Knives were used in 13% of the cases; blunt objects in 5%; and personal weapons in 8% of all murders (Ibid., 282).
- A total of 16,019 murder offenders were also reported in 1998, of which 89% of those for whom sex and age were reported were male. Of those offenders for whom race was known, 49% were black and 49% were white (Ibid., 14-17).
- Data indicate that murder is most often interracial among victims and offenders. In 1997, data based on incidents involving one victim and one offender show that 94% of the African-American murder victims were slain by African-American offenders, and 85% of white murder victims were killed by white offenders (FBI 1998).
- Males were most often slain by males (88% in single victim/single offender situations). These same data show, however, that nine out of ten female victims were murdered by males (Ibid.).
- Males are over nine times more likely than females to commit murder, and male and female offenders are more likely to target males as victims (BJS January 1999).
- Of all persons murdered in 1997, 11%, or 2,100, were under the age of eighteen. Of these, 33% were under the age of six, 50% were ages fifteen through seventeen, 30% were female, 47% were black, 56% were killed with a firearm, 40% were killed by family members, 45% by acquaintances, and 15% by strangers (NCJJ September 1999, 17).
- In 1997, juvenile homicide rates were the lowest in the decade but still 21% above the average of the 1980s. In 27% of homicides by juveniles, the victim was also a juvenile (Ibid., 53 and 54).
- A firearm killed 70% of victims murdered by juveniles. Of all victims killed by juveniles, 14% were family members, 55% were acquaintances, and 31% were strangers (Ibid., 54).
- In 1997, an estimated 2,300 murders (approximately 12% of all murders) in the United States involved at least one juvenile offender. In 31% of homicides involving juvenile offenders, an adult offender was also involved (Ibid.).

- About 25% of homicide offenders reported that they were severely intoxicated at the time of the offense. Estimates of their blood alcohol content were 0.22 for probationers, 0.26 for jail inmates, and 0.28 for state prisoners (BJS 1998).

### **South Carolina Statistics:**

- In South Carolina, 300 people were murdered in 2003.
- The murder rate in South Carolina has been higher than the national rate every year since 1975, with the exception of 1995.
- In 2003, the murder rate in South Carolina was 7.2 people per 100,000, versus the national rate of 5.7 people per 100,000. However, the murder rate has been trending downward during the past decade for both the state and the nation.
- Approximately 63% of murders in South Carolina are committed by someone the victim knows. For example, in 2000, 17.9% of murders in South Carolina were committed by a family member.

### **The Scope of Homicide**

The toll murder takes in the United States is enormous. The magnitude of sorrow is incalculable.

-- Mary White

**Homicide** is the killing of one human being by another. Included among homicides are murder and manslaughter, but not all homicides are considered a crime, particularly when there is a lack of criminal intent. Non-criminal homicides include incidents such as killing in self-defense, hunting accidents, automobile accidents not involving a violation of law (e.g. reckless or drunken driving), and legal government execution. **Murder**, on the other hand, generally is committed by a person with a criminal state of mind. That is, the person perpetrating the homicide did it intentionally, with premeditation, knowingly, recklessly, or with criminal negligence.

Studies show that approximately 1 in 6 people in America have experienced the death of an immediate family member, relative, or close friend to homicide, including deaths caused by drunk driving. We have come to recognize that family members and individuals who had special ties of kinship with murdered victims experience a complex and complicated range of reactions. We refer to these "co-victims" as survivors. Survivors of homicide include all loved ones who are left behind after a murder. They can include spouses, children, parents, other family members, friends, coworkers, or neighbors. The word "survivor" means someone who "carries on despite hardships or trauma", someone who perseveres over their trials. Unfortunately, many survivors have significant difficulty persevering after the loss of a loved one. Many survivors of homicide

feel that they have two lives: a life before the murder of the loved one and a later life dealing with the aftermath of homicide. Understanding what survivors of homicide face and becoming a lifeline for them will be a challenge that can become a rewarding undertaking for VSP.

A number of studies conducted on bereavement experienced after homicidal death indicate that survivors are at increased the risk for developing a number of mental health difficulties including complicated bereavement, PTSD, depression, alcohol abuse, drug abuse, as well as suicidal thoughts and attempts. Grief related to the death of a loved one has been associated with increased incidence of physical illness. Research also indicates that recovery from loss of a loved one by homicide averages two years (as opposed to 6 month recovery period for loss of loved one by other means). Although sadness and even more severe forms of depression, such as major depressive episodes are common and arguably normal reactions to the death of a close family member, protracted emotional problems (i.e., longer than 2 months) are not, particularly when it significantly interferes with daily life. Survivors find that their normal ways of coping and handling stress in the past are no longer effective.

For law enforcement, homicide presents the dual challenge of regard for and attention to the investigation of the murder events while, at the same time, recognizing and addressing the overriding needs of survivors of homicide. Law enforcement must become more attentive to the needs of survivors and more collaborative with victim service providers. To be more effective, victim service providers must be knowledgeable about reactions and needs of victims as well as the investigative and judicial processes involved in homicide cases.

### **The Homicide Differential: Elements Unique to the Homicide of a Loved One That Negatively Impact Survivors**

In order to understand the breadth and depth of homicide, it is necessary to recognize factors that compound survivors' reactions to the loss of their loved ones. These factors may be actual or perceived insensitivities, and/or intrusions imposed by police, prosecutors, media, family, and friends. Survivors' reactions may also be negatively impacted when the people, institutions, caregivers, and others to whom the survivor turn for emotional, legal, financial, medical, or other assistance respond by discounting, denying, and disbelieving (Matsakis 1996).

Death by homicide differs from other types of death due to a number of specific reasons:

- *The intent to harm.* One of the most distinguishing factors between homicidal death and other forms of dying is the intent of the murderer to harm the victim. We have been conditioned throughout the ages to accept that each life is destined for the inevitability of death, which is as natural

and predictable as birth. We, however, are accustomed to expect death as occurring naturally. Homicide is not a “natural” event. Those who have never thought much about God before may do so after a loved one has died under traumatic circumstances. Persons of faith who assume that what happens to them is God's will are forced to reshape their faith positions to incorporate the fact that bad things do indeed happen to good people.

- *Stigmatization.* Our society often believes that the victim behaves in such a way as to “cause” his or her death. Result of the observer trying to find an explanation for the death can create the fiction that this could never happen to them. Because society sometimes places blame on murdered victims for their own death which translates into blame on the victim's family when it is believed that they should have controlled the behavior that led to the death, “survivors of homicide often feel abandoned, ashamed, powerless, and vulnerable” (Redmond 1989).
- *Media and public view.* Regardless of public sympathies surrounding homicidal deaths, they almost never remain private. Survivors are quickly thrust into public view and become fair game for public consumption. While some journalists exercise consideration and objectivity in their reporting of homicidal events, the degree of intrusion into the lives of survivors of homicide constitutes a major homicide differential.
- *Criminal or juvenile justice system.* Survivors of homicide have much to learn about the investigative, prosecutorial, and judiciary branches of the criminal justice system in a very short time. They are often expected to quickly comprehend a system that may in some instances be insensitive and specifically designed to protect the rights of the accused (with little regard for the victim). In addition, survivors may encounter many cognitive and environmental stimuli that remind them of the crime such as contact with the defendant and/or reviewing the traumatic details of the crime in the courtroom. This experience often results in the kind of avoidance behavior that leads survivors to cancel or not show up for appointments with criminal justice system officers or victim advocates. Further, many aspects of the criminal system may not make sense or seem “just” to the survivor. For example, not arresting the assailant because of lack of evidence, the offender receiving a minimal sentence, or the need to attend parole hearing can be frustrating and difficult for survivors. Requirements of other systems, such as law enforcement, criminal justice system and media, may delay or extend on the grief process. Delays in resolution of the murder conviction, perceived inadequate punishment for the crime, and lack of acknowledgement by society may heighten the feelings of loss of control. In a national survey of homicide survivors, 61% of survivors said that they felt “totally helpless” while the criminal justice case was in progress and almost two-thirds of family members were either somewhat or very dissatisfied with their treatment by the criminal justice system.
- *Bereavement.* As early as 1983, E. K. Rynearson, M.D., determined that bereavement after homicide is so prevalent that it deserved clinical

attention. His clinical studies involving the family members of murder victims revealed that all of his subjects had previously experienced bereavement following the natural death of a relative; and the psychological processing of homicide was accompanied by cognitive reactions that differed from previously experienced forms of bereavement. Rynearson's research forms the basis for the shift from viewing the survivor's grief issues separate and apart from the impact of trauma associated with the death of a family member. Traumatic grief over homicidal death distinctly differs from other forms of grief.

### **The Homicide Circumstance**

Homicide begins as an act. It is committed under individual conditions, within certain parameters, and eventually classified into general categories. Each case has its own circumstances that vary as greatly as each single act. Victim service providers working with survivors should be knowledgeable about some of the general types of homicides.

#### **SPOUSAL HOMICIDE**

*The killing of a spouse, life partner, or other significant individual of the same or opposite sex with whom one has lived for some time and formed a stable relationship.*

The FBI reported in 1997 that 26% of female homicide victims are slain by husbands or boyfriends, and 3% of male victims are slain by wives or girlfriends. Among legally married persons, regardless of geographic region in the U.S., African-American females were at greatest risk of being killed by African-American spouses or partners. Specifically: in the West, African-American males were 11 times more likely to be victims of spousal homicide than white males, almost seven times more likely than white females, and 1.4 times more likely than African-American females. (Segall and Wilson 1993).

In a study by Christine Rasche (1993) of 155 "mate" homicides in Jacksonville, Florida, between 1980 and 1986, the most salient motive for spouse murder was possessiveness (48.9%) that included the inability of the offender to accept the termination of the relationship and/or the sanctity or security of the relationship (jealousy, infidelity, and rivalry). Feelings arising out of arguments (20.7%) and self-defense (15.5%) were second and third principal motives respectively.

#### **CHILD HOMICIDE**

*The killing of a person under the age of eighteen.*

Sixty percent of child murders in 1994 were at the hands of family members

(22%) or acquaintances (38%). During this year, 11 percent of all murder victims were under the age of eighteen (Greenfield 1996).

Based on forty-five states reporting in 1996, the National Center on Child Abuse and Neglect (1997) states that 996 children were known to have died as a result of abuse or neglect. The majority of these deaths were children three years of age or younger.

Pediatric deaths as a result of handgun violence have also risen as an issue of significant concern during the last few years. Between 1980 and 1994, pediatric (age zero to nineteen) firearm deaths in Chicago more than doubled from 116 to 247 (Chicago Department of Public Health 1995). The greatest increases were between 1987 and 1994. In 1994, 306 teens between the ages of fifteen and nineteen died in Chicago from all causes. Of these, 70.5 percent (216) were caused by firearms. African-Americans predominated the Chicago firearm deaths, both as perpetrators and victims. Of the 216 firearm deaths in this age group, 195 of the victims were African-American. Other large cities with gang problems report similar increases in pediatric firearm deaths.

## **SHAKEN BABY SYNDROME**

*The violent shaking of a young child that causes permanent brain injury or death.*

Because shaken baby syndrome is still a relatively new classification of death or injury, it is difficult to say for certain how many children are victims of it each year. However, one source reports that 10 to 12 percent of all deaths due to abuse and neglect are attributable to the syndrome (National Information Support and Referral Service 1998). Perpetrators of shaken baby syndrome are about 80 percent male-37 percent biological fathers and 20.5 percent boyfriends. The remaining 17.3 percent were female babysitters, and 12.6 percent biological mothers. Sixty percent of the victims are male. Between 1,000 and 3,000 children are diagnosed with shaken baby syndrome every year, and about 100 to 120 of them die. Outcomes for victims who live include cerebral palsy, blindness, deafness, seizures, learning disabilities, and vegetative states (Shaken Baby Alliance 1998).

## **PARRICIDE**

*The killing of one's parent.*

The Bureau of Justice Statistics reports in the study *Murder in Families* (Dawson and Langan 1994) that 1.97 percent of murder victims were killed by their children. This translates to about 300 cases per year. Relatively rare when compared to other forms of homicide, parricide has begun to attract the attention of family violence researchers.

In a review of ten studies that examined adolescents who had killed their parents, Kathleen Heide (1993) discusses three types of parricide offenders: the severely abused child, the severely mentally ill child, and the dangerously anti-social child. She points out that ascertaining the driving force behind a parricide is complex but factors in the family that often contribute to the homicides include a pattern of violence, easy access to guns, and alcoholism or heavy drinking. Adolescent offenders expressed helplessness in coping with stress in the home and feelings of isolation and suicidal ideation. They had failed in their attempts to get help with little (if any) adult intervention, and had failed in their efforts to escape, with a history of running away.

Heide (1993) acknowledges that adolescent parricide offenders do include the severely mentally ill and dangerously antisocial, but in smaller frequencies compared to severely abused children. Components of child maltreatment pervasive in some families that also may lead to parricide are physical, sexual, emotional, and verbal abuse, and physical, medical and emotional neglect.

Weisman and Sharma (1996) found in their more recent review that of 68 parricide cases, 69% of the offenders had a prior inpatient psychiatric hospitalization with diagnoses of psychosis (usually schizophrenia or schizoaffective disorder); 74% had known criminal convictions; and 64% had been convicted of a violent crime.

## **STRANGER HOMICIDE**

*The killing of a person or persons by an individual unknown to the victim.*

In 1993, for the first time in history, Americans were more likely to be killed by a stranger or unknown killer (53% of cases) than by a family member or friend. By 1996, the trend had reversed slightly with 49 percent of homicide victims killed by strangers (FBI 1998).

## **MASS MURDERS**

*The murder of several victims within a few moments or hours of each other.*

Currently in the United States, there is approximately one mass murder per week, including public homicidal events in shopping malls, government offices, schools and random street shootings as well as families annihilated by a troubled parent or sibling. Although researchers have only begun to collect data on mass murders, certain commonalities have begun to emerge (Hickey 1991). The offenders are primarily white, male, and span a wide age range; they use semiautomatic guns and rifles to kill swiftly; and their victims are often but not always intentionally selected by the killer.



Those who commit multiple homicides appear to do so in an irrational effort to regain, even for a brief moment, a degree of control over their lives. To the observer, the severe mental imbalance behind these horrible acts is clear. To the killer, however, his or her thoughts and actions may make perfect sense, given his or her psychological disorientation. Feelings of rejection, failure, and loss of autonomy create frustrations that inevitably become overwhelming, and the murderer cultivates a psycho-pathological need to strike back.

## **SERIAL KILLING**

*An offender who kills over time. They usually have at least three to four victims, and their killing is characterized by a pattern in the type of the victims selected or the method or motives used in the killings.*

Serial killers include those who, on a repeated basis, kill within the confines of their own home, such as a woman who poisons several husbands, children, or elderly people in order to collect insurance. They may operate within the confines of a city or a state, or even travel through several states as they seek out victims. Some murderers select their victims because of their status within their immediate surroundings such as vagrants, prostitutes, migrant workers, homosexuals, missing children, and single and often elderly women.

Some argue that anyone who kills, especially serial killers, must be mentally ill. However, the vast majority of serial killers are not only judged sane by legal standards, but are indistinguishable from non-offenders as they move about and within our communities.

## **Grief Reactions and Common Reactions to Homicide**

Family members of homicide victims suffer a terrible loss. Bereavement can have detrimental effects on both mental and physical health of survivors. *Not only are homicide survivors experiencing grief reactions typical to the loss of a loved one by natural causes, their reactions may be complicated by factors unique to homicide, placing them at greater risk for prolonged and complicated bereavement reactions.* The nature of homicide can be sudden and gruesome. Both unexpectedness and type of death is associated with poorer adjustment in mourning individuals. In addition, homicide survivors report having less social support by others, perhaps due to the stigma of murder and complications with media coverage. Often homicide survivors are overlooked and underserved by service agencies, limiting their social support and social resources even more.

After experiencing a great loss, as when one loses a loved one to homicide, there are many reactions a person may have. In the beginning, some people go numb and “shut down”. Others cry uncontrollably, feel angry, or both. All of these reactions are normal. There are three different types of reactions a

person may have to loss – emotional, behavioral, and physical – and a person may experience one, some, or all of these.

**Emotional** reactions to loss are the *feelings* that one experiences. Apart from the most obvious feelings of pain and sadness, there are other reactions a person can have that are normal during grieving. These include anxiety, or a feeling of extreme worry and panic; anger; irritability; guilt; or a person may feel abandoned. These are just a few sensations a person can have. It is common for a person to feel numb and empty immediately following their loss, which helps protect the person from the extremely difficult emotions that can seem overwhelming in the early stages of grief. As time goes by, the loss becomes more real and a person begins to realize fully that their loved one will not come back to life. When this occurs, the feelings of pain, loss, and grief may become worse, especially if support from people in one's life has decreased. Everyone experiences grief differently. Some people have very few of these emotional reactions, some people have all of the ones listed as well as others that were not mentioned. It is important to remember that experiencing and showing these painful feelings and reactions is not “weak” or shameful; they are a normal part of healing and can help one move through grief.

When dealing with grief, a person may also experience some **behavioral** reactions, or changes in the way that he or she acts. It may suddenly seem impossible to make decisions or to keep track of things. Someone who is normally very active may feel uninterested in doing any of their old activities or projects. Also, because of the extreme emotions associated with grief and the serious adjustments to one's life that must be made after losing a loved one to homicide, a survivor may feel disoriented and behave in a confused or “lost” manner. A person may become short-tempered or snap at people, even if they were not like that before their loss. There are a variety of behavior changes that may occur following loss and it is normal to experience them, even if we think they are “bad” (e.g., yelling at people or missing appointments).

Losing a loved one can hit you with almost physical force, so it is normal to experience **physical** difficulties as well as emotional ones. Among others, these reactions can include nausea, a feeling of tiredness, stomach ache, or a general feeling of being unwell. Many people experience a change in sleep patterns and/or appetite, and some become clumsy and more prone to accidents. Although it can be difficult and survivors may not always feel up to it, it is important to make sure that survivors take care of themselves during this time. Very often survivors are so busy taking care of various arrangements or consoling other people who have shared their loss that they forget to take care of themselves. While sharing grief with others can be helpful, it is also vital that survivors look after their own well-being, too.

### **How homicide can complicate grief reactions**

Unfortunately, losing a loved one to homicide can make these grief reactions even more difficult. Grief reactions may be especially intense because the death

of a loved one doesn't make sense and doesn't seem right or fair. This is very likely if the loved one was young, successful, kind, or had any other qualities that would seem to entitle him or her to a long, happy life. This sense of injustice can make the pain of loss particularly acute and can lead a person to re-evaluate their belief system. If a survivor is religious, he or she may find it helpful to talk to a pastor, priest, or other religious figure about their loss.

Sometimes survivors feel that they could somehow have prevented the death if only they had done something differently at some time. While such feelings of guilt are normal, it is not likely that they could have done anything specific to prevent the death of their loved one and it is helpful to have someone to whom they can talk about these feelings who can help them remember that the death is not their fault, it is the offender's.

It is also normal for survivors to report feeling extremely angry and to want to seek revenge against the person who took their loved one's life. Some people even have vivid, intense fantasies about carrying out their plan for revenge. While this is normal, it is important that they do not act on these desires and instead find a way to direct these energies elsewhere. Each person will find different ways of getting through their anger, but some possibilities are writing down their thoughts and fantasies, strenuous exercise (which can also help fight feelings of fatigue because exercise boosts energy levels), talking with a support group, or even something like punching a pillow or tearing pages out of a phone book.

### **Post Traumatic Stress Disorder and Traumatic Grief**

For those experiencing grief in the aftermath of homicide, the grief reactions are can be intensified because of the suddenness and violent nature of the loss. Historically, the focus of caregivers has been on the survivor's grief issues, often without considering the impact of trauma issues that may also be present. Without recognition of the traumatic components of the experience, survivors have been provided with services and treatment that primarily emanate from the grief model. This often causes survivors to feel uncomfortable and anxious because their type of grief is not addressed by current models of treatment (Spungen 1998). Spungen suggests that treatment and support to survivors of homicide should be a blending of models developed from the fields of both trauma and grief. She notes "the survivor's grief is different--not just complicated but different: a traumatic grief."

E. K. Rynearson, M.D., Clinical Professor of Psychiatry at the University of Washington, conducted important and consistent work in recognizing that bereavement patterns experienced by individuals after having lost a loved one to homicide differed from those patterns experienced where the death was not

sudden, violent, or transgressive. His observations have been consistent with some of the earlier work conducted by A. Adler and V. Frankl relative to bereavement and horrific death. His findings are also consistent with other current researchers such as Kilpatrick, Amick, and Resnick who identify the link between trauma and the experiences of the survivor. Rynearson and Favell developed a clinical battery for screening patients for treatment based on separation and loss, which can be used by support group leaders in working with survivors of homicide. They observed that separation distress is associated with the loss of the relationship because of the finality of the death while trauma distress is associated with the unnatural manner of dying. Additionally, along the way, Rynearson discovered the following:

Any one whose family member has been killed by a homicide will be changed. Homicide is a "change" that is, to some extent, dialectic rather than homeostatic. The internalized trauma and reenactment imagery will diminish with time but it will not go away. It will change from a horrific and private chronicle into a bearable narrative that can be shared and revised--but it will always be. The family member may reprocess the homicide and try to connect this homicidal narrative with the narrative of the family member before they were killed and their own ongoing narrative as well. The task of somehow weaving this thread of homicide into a coherent and balanced pattern is as impossible as it is inevitable. When something within or without resonates or pulls at that homicidal thread it will kindle an inner awareness of being torn or uneven. The subjective and internalized flaw is private. It is difficult to express through a standardized measure--perhaps impossible. However, this inner confound remains and can have long term effects. Relationships, values, life purpose, hope, and confidence in the future, spiritual stability--all these idiosyncratic supports may be reassessed and challenged by the homicidal experience (Rynearson and McCreery 1993).

Survivors may experience a grouping of symptoms known as **traumatic grief** (or "complicated grief reactions"). These symptoms may be so severe that they interfere with survivor's functioning or may be very distressing to survivors. Many times survivors may need to seek professional counseling to assist in alleviating these symptoms. They include:

- Yearning and searching for deceased
- Loneliness
- Numbness
- Disbelief about the loss
- Distrust
- Anger
- Sense of foreshortened future
- Preoccupation with thoughts about the deceased

A similar cluster of symptoms that a survivor may experience, called **posttraumatic stress disorder (PTSD)**, occurs when individuals experience a life-threatening event to themselves or someone they love. People of all ages could develop PTSD. Even if the survivor was not at the scene of the murder they could develop this disorder. Symptoms of PTSD are categorized into three clusters. 1) Reexperiencing Symptoms include nightmares, flashbacks, intrusive thoughts, intrusive images. Intrusive memories and thoughts may happen spontaneously or they can be triggered by something a person sees or hears. Even if the survivor was not at the scene of the homicide they may have intrusive images about the event from information they have learned about what happened to their loved one. 2) Avoidance Symptoms include avoidance of reminders of the event such as people or places that remind them of the event. Survivors may miss appointments with law enforcement or not attend court proceedings as these events may be salient cues to what happened to their loved and therefore very distressing. 3) Hyperarousal Symptoms include startle response, hypervigilance, irritability, numbness, poor sleep, poor concentration, sense of foreshortened future. Survivors may report always feeling “on guard” or worried something bad may happen to themselves or another family member. Symptoms of PTSD are common right after the homicide, however if these symptoms persist 6 months after the death, it is likely that they will remain chronic and professional help will be necessary to assist the survivor in coping with this disorder. There are mental health professionals who specialize in trauma-focused treatment. Make sure you are familiar with professionals in your area who specialize in working with this type of population.

The findings of a 1990 study on the impact of homicide on surviving family members<sup>1</sup> indicated that, regardless of the specific characteristics of the crime, almost one in four develop homicide-related PTSD after the death of a loved one. The study estimated that approximately 255,000 American adults currently suffer from homicide-related PTSD. On the basis of this high rate, the researchers recommended that all homicide victims survivors, especially those having contact with the criminal justice system, should be screened for the presence of homicide-related PTSD and provided with appropriate counseling referrals.

Victim service providers must be aware of the aspects of traumatic grief (the emotional experiences, cultural and gender influences, and mental health issues) resulting in new strategies for treating the survivor of homicide (Spungen 1998). To overlook or discount the importance of bereavement following homicide is to fail to understand the major impact of the murder upon family members and friends. Victim service providers need to be aware of this tremendous impact and take precautions in providing appropriate services that will not be harmful or destructive to survivors.

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<sup>1</sup> *The Impact of Homicide on Surviving Family Members*, Charlton, South Carolina Crime Victims Research and Treatment Center, MUSC by Kilpatrick, Amick & Resnick, 1990

When a person is murdered, there are many things a survivor has to handle that they would not normally encounter. Autopsies, investigations, legal meetings, hearings, and trials can all make the difficult situation of losing a loved one even more challenging. Having to discuss their loved one, to answer many questions over and over again, or to attend hearings if an offender is arrested can all make the grieving process more intense because they force survivors to re-experience their loss many times. Also, because the judicial system takes a very long time to complete its processes, a survivor may have to wait months or even years before their dealings with law enforcement end, thereby delaying a person's opportunity to put some of the trauma behind them. It is not uncommon for survivors to not have many symptoms and when the trial begins a year after the homicide, the survivor is flooded with a range of the symptoms mentioned above.

### **Reactions of Homicide Survivors**

Although many emotional responses are shared by family members when a loved one is murdered, each surviving family member will experience distinct emotional responses. In addition to the sudden, violent death of a loved one, survivors may experience additional stress if the deceased was subjected to acts of torture, sexual assault, or other intrusive, heinous acts. They may have a constant need to be reassured that the death was quick and painless and that suffering was minimal. If the death was one of torture or of long duration, they may become emotionally fixated on what the victim must have felt and the terror experienced. They may fixate on the race of the offender to try to understand the motive behind the murder, and may develop a biased view of a certain race or culture based on the actions of the offender. If the offender was a family member or friend, survivors may experience additional interfamilial discord as family members choose sides for support.

### **PLACEMENT IN THE FAMILY**

***Murder of a child.*** In the natural order of things, parents precede their child(ren) in death. The death of one's child is one of the least expected experiences in life. Parents serve as protectors for their child(ren). This sense of protectiveness often promotes parental guilt and self-blame. The feelings even occur when the deceased child is an adult.

The killing of a child is particularly complex when there are other small children in the family whose needs must be met as well. It is not uncommon for a parent (or parents) to idealize the deceased child, attributing qualities that are idealistic, not real. This can cause siblings to conclude that the "wrong child died."

Fathers often deal with their emotions by retreating into silence and denying the presence of intense emotions. This may be their way of remaining strong for the mother, and this motive may be misunderstood or interpreted as a lack of caring or concern. If the family structure incorporates stepparents, the roles and display

of appropriate emotions may be even further complicated. The biological parent may feel that the stepparent could not possibly understand the type of pain he or she is feeling. This may lead to alienation of the stepparent in the grieving process.

***Murder of a sibling.*** Younger brothers and sisters of murdered children are often unintentionally overlooked by parents who try to protect them from painful information and experiences. In addition to losing a sibling, they may also have lost their best friend. Parents simply do not have enough energy to deal with them. Initial community and extended family support usually focuses on helping the grieving parent, what *they* are feeling or what *they* need.

Siblings may worry about their own safety and possible death. They may become overly fearful of losing a parent or other sibling in the same manner. Many younger siblings have an extremely difficult time when they reach the age at which their sibling was murdered.

Adult siblings may worry that the stress of their sibling's murder may hasten their parents' deaths. They may also resent their parents' pre-occupation with the victim and their idealization of the deceased.

***Murder of a spouse.*** The feelings and emotional needs of a surviving spouse will depend on the nature of the marital relationship. If there was discord or dissension, survivors may suffer intense guilt feelings. If it was a loving partnership, the feelings of loss may be overwhelming. The age of the spousal survivor will also play an important factor in the emotions of the survivor. Elderly survivors and younger survivors may not do as well as the middle-aged survivor (Steele 1992). Steele's study of sixty widows and widowers found that spouses between ages twenty and thirty-five faced significant financial stress and became exhausted with working, rearing grieving children, and attending to maintenance of the home and family. This anger is then followed by guilt. Murder of a young spouse also may leave the surviving spouse choosing never again to remarry because of the fear it will happen again. They may feel they have lost their future. Those sixty-six to eighty-five in the Steele study also experienced more stress than the middle-aged group. They may be displaced from their home because they are not able to care for themselves. They may have lost partners of many years and, with their lives so intertwined, feel that they are no longer needed or important.

***Murder of a parent.*** Young surviving children naturally worry about who will care for them. Smaller children tend to experience the death as desertion since they have little ability to understand what has happened or to conceptualize death. They are angry because the parent was not the "superhuman" they envisioned. They wonder why the parent did not fight harder or run faster, and may blame the victim for his or her own death.

Traumatic death in the family is especially hurtful to children and youth. Bradach (1995) studied 181 young people aged seventeen to twenty-eight and found that those who had experienced a traumatic death in the family when they were children had greater depression, more global psychological stress, and lower individuation and separation from the family than those who had experienced more common losses. They also had more difficulty forming intimate relationships (Bradach and Jordan 1995).

For older or adult children, anger levels may increase because they feel their parent's death was not the dignified one that they deserved or expected. If the family was experiencing discord, children may feel intensely guilty there was not enough time to rectify the familial problems.

### **Common Problems Faced by Survivors**

Survivors themselves provide the most accurate information regarding their experiences during this period. They become experts in explaining their problems and needs. In addition to personal trauma, Parents of Murdered Children, Inc. (1989) lists eight additional problem areas survivors must endure.

1. *Financial considerations.* Expenses related to funeral, burial, medical treatment, psychiatric care for family members, and other costs are all part of the aftermath experienced by survivors. These considerations are grave and contribute in a major way to the continuing distress experienced.
2. *The criminal or juvenile justice system.* Survivors of homicide have a vested interest in participating in the criminal or juvenile justice system and understanding the complex issues of a cumbersome legal system.

When members of a homicide support group (Fairfax Peer Survivors Group) in Fairfax, Virginia, were polled about their needs during the legal process, the single most important issue for them was their ability to obtain information from the prosecutors, detectives, and other professionals. They--

- Wanted to know exactly how, when, and why their loved one was murdered and who committed the murder.
- Wanted to know if their loved one suffered.
- Wanted to know the truth about the events of the death and elements needed to support the charge.
- Expected to feel better if the case was successfully prosecuted.

Discounting the family's contribution to a case discounts the pain of their victimization. Survivors feel devalued when they are not allowed input into plea decisions and when they are barred from criminal or juvenile justice



proceedings. They are distraught when the imposition of a technical rule, e.g., a "gag order" which prevents them from attending the trial, may in turn eliminate their last opportunity to do something for their loved one (Sobieski 1994).

3. *Employment.* A survivor's ability to function and perform on the job is diminished. Motivation is sometimes altered. They experience emotional bursts of crying or losing their tempers. They are impatient with trivia. Having to explain or apologize can create additional stress. Some survivors use work as an escape to avoid working through their grief. They resist dealing directly with their pain by placing it on hold while at work.
4. *Marriages.* It is common for marital partners to have difficulty relating, and they may even separate after a death due to homicide. (Divorces, however, are not as common as once believed.) Each partner may grieve differently. They may blame each other for the loss, particularly in the case of the death of a child. They may each wish to turn away from the memories that the other partner evokes. They are sometimes unable to help each other because they cannot help themselves.
5. *Children.* Parents often fail to communicate with their children by either ignoring them when they are preoccupied with their own issues or hoping to protect them from unnecessary trauma. The children, in turn, fear adding to their parents' pain and simply withdraw. Children who witness the killing of someone they love experience profound emotional trauma, including posttraumatic stress disorder, and may not readily receive adequate intervention.

Furthermore, young people who report having to perform tasks associated with the fatal injury, such as telephoning for police or emergency medical services, or responding to the immediate needs of the injured person or the perpetrator, are often traumatized. When the issue of blame or accountability for the death is not resolved through police investigation, children may re-examine their behavior, believing that if they had done something differently, they could have prevented the death. Without support and an opportunity to explore the feasibility of such alternatives, children often continue to unnecessarily blame themselves.

6. *Religious faith.* Questions for, anger at, and challenges to God surface regarding the reason for the death. How could a loving God allow it to happen? Where is the loved one? Some conclude, at least for a while, that "if there were a God, then God would not have let this happen. Since it happened, there must not be a God." Faithful survivors seeking to understand sometimes look for answers from unorthodox sources. Over-simplistic comments and "answers" by clergy and church members sometimes create problems for survivors who take their spiritual pilgrimage seriously.

7. *The media.* Many homicide survivors are subjected to the intrusion of what they perceive to be an insensitive media. The competitive quest for sensational, fast-breaking news items may override the need for privacy of anguishing families who may be experiencing prolonged scrutiny, inaccurate reporting, and gruesome reminders of the violence associated with the death.
8. *Professionals who do not understand.* Survivors report that too many professionals (police, court personnel, hospital personnel, funeral directors, clergy, school personnel, psychologists, and psychiatrists) demonstrate by their comments and actions that they do not fully understand the impact of death by homicide upon the remaining family members.
9. *Substance Abuse.* Working with survivors through the Separation and Loss Services, a program he founded in 1989 to address the special needs of survivors of homicide, Dr. Ted Rynearson estimated that 30 percent of his clients had substance abuse problems (Rynearson and McCreery 1993).

### **Victim Service Response**

Professionals working with surviving members of homicide victims must be prepared for their personal intense reactions to the impact of homicide, which are often frightening. Such personal reactions can be more extreme than those experienced in working with other crime victims. Victim service providers must be aware that there is no fixed way or timetable for the victim's comfort and well-being to be achieved. Experiencing a wide range of responses that may continually resurface, survivors of homicide sometimes feel that there is no recovery, closure, or healing from the impact of homicide. While they develop the skills to cope with their pain, they live with an encompassing fear of strange, new reactions that control their behavior. Their grieving process can be interrupted and delayed by elements and events of the criminal or juvenile justice system. Survivors sometimes put their grief on hold to focus on the arduous task of seeing that justice is served.

### **NOTIFICATION**

The cornerstone of the recovery process is the initial death notification. --  
Deborah Spungen

Survivors of homicide report that the way they were informed about the homicidal death of their loved one affected their relationships within the criminal or juvenile justice system and affected their lives in profound ways from that moment on. The role of the victim service provider in notifying families is one of challenge and demand but it is essential to the family that the process be based on protocol. Victim service providers are generally in proximity to the criminal or juvenile

justice process where they can be most effective offering this service in conjunction with law enforcement. Victim service providers can work along with an officer in providing notification of the death that is timely and in keeping with a protocol of sensitivity, compassion, and delivery of correct information.

When life-altering information is delivered by inexperienced and untrained messengers, the results increase the distress experienced by survivors. There are several models for death notification training. The following are core elements of the widely used and profession-specific program developed by Mothers Against Drunk Driving (MADD) (Lord 1997):

**Background.** Notification to family members of deaths that result from violent crime are among the most challenging. Survivors may attempt to harm themselves or others, physically act out, and/or express anger. Victim assistance professionals whose responsibility it is to make death notifications can greatly benefit from focused training on the delivery of a death notification, and assistance in learning how to manage their own emotional reactions to these highly stressful situations.

In 1995, the U.S. Department of Justice, Office for Victims of Crime supported Mothers Against Drunk Driving (MADD) in revising their death notification curriculum to state-of-the-art status and tested it in seven sites. Seminar teams presented the revised curriculum to participants between November 1995 and January 1998. Those who had previous experience in death notification expressed that their greatest unmet educational needs were:

- Specific details on how to deliver a notification.
- How to manage immediate reactions of the family.
- How to manage their own reactions.
- General aspects of death notification.

MADD has always believed that the "voice of the victim" is most instructive in developing programs to serve them. Thus, the personal experiences of hundreds of survivors formed the development of the *Practices for Death Notification*.

**Selection of the notifier.** Selection of the notifier is as crucial as the practice itself. Stressed individuals are not ideal deliverers of death notification because they are focused on themselves, experiencing the task as one more layer of stress. The best attitude for delivering a death notification is a positive, calm, confident one, believing that it is an opportunity to do a good job with an extremely difficult task.

**Beliefs in developing death notification practices.** Theoretical development of the Death Notification Practices is based on factors affecting stress reaction and

general survivor needs during stress. Factors affecting stress reaction include (a) intensity of the event, (b) suddenness of the event, (c) ability to understand what is happening, and (d) stability at the time of the stressful event. Death notification is obviously a very stressful event because it is highly intense and the survivors had no time to psychologically prepare. Their cognitive ability to comprehend what has happened is diminished due to shock. The only differing variable is individual stability which varies due to survivor's physical, mental, emotional, and spiritual health. General survivor needs include (a) opportunity for ventilation of emotion, (b) calm, reassuring authority, (c) restoration of control, and (d) preparation. These beliefs, along with survivor experiences and recommendations, served as the theoretical foundation for the following practices.

### ***Death notification practices.***

1. *Be absolutely certain of the identity of the deceased.* Notifiers should use more than one means of identification to assure correct identity. This becomes difficult when deaths occur in different jurisdictions and notifiers who were not at the scene must locate and notify. Notifiers must have the following information at a minimum before conducting the notification: how the victim was identified, where the death occurred, how the death occurred, where the body is now, and the name and phone number of an involved investigator who can answer questions.
2. *Obtain medical information on the family to be notified if possible.* Business cards, prescription bottles or other information on or around the body of the victim may help identify the name of a physician or other professional who can inform the notifier about the family. Law enforcement can often obtain the name of the primary care physician from local hospital records and contact the physician before conducting the notification. In some jurisdictions, emergency medical personnel are called to stand by when a notification is made in the event that a family member goes into a crisis condition.
3. *Go. Do not call.* Make every effort to deliver death notifications in person. Many people notified by phone have been alone and gone into a critical medical condition upon notification. If the family is outside the jurisdiction where the death occurred, call police in the family's jurisdiction to deliver the notification in person. Hospitals should make greater use of law enforcement or their advocates to notify in person or at least transport families to the hospital where the attending physician or nurse can notify in person. Notifiers should never inform a neighbor of the death before the family knows. Ask neighbors if they know where to locate the family because of a medical emergency. If the family member is at work, ask the supervisor for a private place to speak with the person. Only tell the supervisor if he or she insists on a reason.
4. *Notify in pairs.* The best notification team is probably an officer who was at the scene and a victim advocate or chaplain who can stay with the family

- until other support arrives. It is crucial that one of the team members was at the scene in order to answer questions of the family. More than one notifier assures proper support in the event one or more of the family members goes into crisis. If a large group is to be notified (for example, someone is killed on the way to a family gathering), more than two notifiers may be required, especially if children are among those to be notified. If there are multiple families involved (for example, a car crash involving several teenagers), notify each family at about the same time.
5. *Talk about personal reactions on the way to the notification.* It is impossible to not feel anxious on the way to deliver a death notification. It is healthy to own those feelings and ventilate them with the notification partner before arriving at the notification scene. This allows for more focus on the family and less attention to one's own fear and anxiety. During this discussion, plan who will handle various aspects of the notification.
  6. *Present credentials (if not in uniform) and ask to come in.* Credentials are necessary now because few people allow strangers into their home. Never deliver a notification at the door. Don't be formal in your introduction. Memorized notification messages are uniformly resented.
  7. *Sit down. Ask them to sit down. Be sure you have the next of kin.* Use the victim's name; for example, "Are you the parents of Johnny Smith?" This is one more step in preparing the family for a traumatic event. Your identity has raised their anxiety, as well as your asking to come in and be seated. That anxiety is uncomfortable but it begins psychological preparation as chemicals in the brain begin their numbing effect. Never notify a child and never use a child as a translator for a death notification. It is too much stress for them to handle and places on them the burden of notifying adults. Try not to notify siblings, even if they are adolescents, before notifying parents or spouses.
  8. *Inform simply and directly with warmth and compassion.* Do not engage in small talk before notifying. They already know something is wrong and will be angry at attempts to distract from it. Do not use words like "expired" or "passed away." Use "dead" or "killed" to ensure lack of confusion. If the death was a suicide, use "took his own life" rather than "completed suicide" or "committed successful suicide." Say something like, "I am afraid I have come with bad news." (Your last effort to prepare) "Your son, Johnny (use name), has been involved in a very serious car crash, and he has died." (Pause for their ventilation of emotion.) "I'm so sorry." (A feeling reaction on your part is appreciated and sometime triggers emotional ventilation by a family member who has not yet done so.) "They did everything they could to save him." (If you know this to be true). As you talk further with the family, do not describe the death in professional jargon but use common language. Use the victim's name rather than "body," "corpse," "remains," or "the deceased." At this time, do not blame the victim in any way for what happened, even though you may know he or she was partially or fully at fault.

9. *Don't discount feelings, theirs or yours.* Expect fight, flight, or freeze reactions and understand that they are normal reactions to one of life's most abnormal experiences. Intense reactions are normal. Understand that people cry only because they need to cry. If a family member goes into shock, help them lie down, elevate their feet, keep them warm, and call for medical assistance.
10. *Join the survivors in grief without being overwhelmed by it.* Families do not resent genuine displays of emotion. In fact, they seem touched by them. On the other hand, it is not appropriate to become so upset that focus is diverted to the notifier. Avoid discounting or patronizing comments such as the following:

*I know just how you feel.* (You don't.) *Time heals all wounds.* (It doesn't.) *You'll be over this some day.* (They will be better, but full recovery should not be expected.) *She was in the wrong place at the wrong time.* (Trite) *You must go on with your life.* (They will, the best they can.) *He didn't know what hit him.* (Never use this unless you know for sure.) *You can't bring him back.* (Trite)

Avoid disempowering comments such as: *It's better if you don't see him and remember him the way he was.* (How do you know? The survivors know what they need.) *You don't need to know that.* (Perhaps they do.) *I can't tell you that.* (There may be aspects you cannot discuss because of the criminal case. If this is so, explain why you cannot discuss it.)

Avoid God-clichés such as *It must have been his time, Someday you'll understand why, It was actually a blessing because . . . God must have needed her more than you do, God never gives us more than we can handle, or Only the good die young.* If survivors utilize these beliefs themselves, it is fine. However, it is highly intrusive to attempt to impose one's own theological beliefs on someone who needs months or years to accommodate what has happened into their belief system.

Finally, avoid placing unhealthy expectations on family members such as *You must be strong for your wife/parents/children.* No one should be required to be strong in the face of a trauma such as death notification. Likewise, avoid *You've got to get hold of yourself.* They are doing the best they can.

What have survivors found helpful in terms of notifier comments? *I'm so sorry* is almost universally appreciated. It may be over-used, but it is simple, direct and validating. *They did everything they could to save her,* if you know it to be true, is very helpful for families. However, if this is not true, it will likely come out in court and the family will be deeply resentful if you lied to them. *Facing something like this is harder than most people think* normalizes their reaction and validates the difficulty they are having.

After ventilation of emotion has resolved somewhat, it is helpful to ask *Is there anything else you would like to tell me or ask me?* Sometimes, there are none, but the family will appreciate your asking. They may have many more questions the following day. Therefore, when preparing to leave, tell the family that you will check back with them the next day. Leave your business card.

11. *Answer all questions honestly.* Many notifiers tell the family what they think they want to hear. This is universally resented. Families want to know the truth. Do not volunteer information, but when asked a question answer it to the best of your knowledge. If you do not know the answer, say so and tell them you will try to find out.
12. *Offer to make calls; arrange for child care; call pastor, relatives, employer.* Family members will need this kind of help and will appreciate your offer. If you do make calls for them, write down whom you called, when you called, and what you discussed. Family members will be in a daze by this time and may not remember whom they asked you to call. They may request additional personal notifications, such as grandparents or adults in other jurisdictions. Do what you can to accommodate these requests. When a child is killed and only one parent is at home, tell that parent and then invite him or her to go with you to notify the other parent. It is crucial that both parents be personally notified in situations of separation or divorce.
13. *Talk with the media only after discussion with the family.* You represent the voice of the victim, so never speak to the media until you have first discussed with them what you are going to say. Families feel betrayed when they hear things on television of which they were neither informed nor involved. In high profile cases, warn them that television, radio, and newspaper coverage may be dramatic so they can avoid these media outlets if they choose.
14. *Do not leave the survivors alone.* Wait until personal support persons are notified and arrive.
15. *Give written information.* Depending on the emotional state of the most direct survivor(s), leave written information including autopsy information, how to obtain a copy of the crime report, the primary investigator's name and number, and the phone number of the prosecutor's office. It may be better to bring this information the following day.
16. *If identification of the body is required, transport the identifying family member.* Be sure this procedure is absolutely necessary. Often it is not because several means of identification have already been processed. Never expect someone to drive safely while on their way to identify their loved one's body. Transport them and tell them what to expect such as where the body is, what the room will look like, what their loved one's body may look like. Upon arrival, the notifier or transporter should look at the body first and then describe obvious injuries to the family member first. Family members may request to see the body even if identification is not

- necessary, this is the survivor's personnel choice. Do not deny this request assuming it would be harmful to the survivor. Each person is different and survivors should be allowed to make this choice. However, sometimes, the victim's injuries may be severe especially to the head and face that you could suggest to the survivor to keep the injured areas covered (e.g., they could hold their loved ones hand). Instruct the hospital or medical examiner personnel to clean the body as much as possible before family viewing. If in a hospital, some have advised leaving some of the medical equipment attached which may assure the family that every effort to revive was utilized. If you are unable to transport the family member back home, arrange for a cab or other transportation.
17. *Next day, call and ask to visit again.* The family is likely to have more questions the second day than they did at the initial notification. Call and offer to visit the family again. If they do not feel it is necessary, offer again to answer questions. This is a good time to try to correct misconceptions about the criminal justice system such as the right of the offender to bail. If they knew the offender and wish to attend the bail hearing, inform them that they have the right to do so. The second day is also a much better time than the time of notification to give the family personal possessions of the victim such as clothing or jewelry. Try not to deliver these things in a trash bag (apparently the mode of choice for most hospitals). It is appreciated if clothing is nicely folded and placed in a box. Do not launder clothing, but do inform the family of the condition of clothing and jewelry before presenting it. If some items have been retained as trial evidence, explain their absence. If there is anything at all positive about the death, such as "I was there at the moment of death and he did not struggle," tell the family at this visit. However, do not say anything untrue.
18. *Let the survivors know you care.* The most loved professionals and other first responders are those willing to share the pain of the loss. Attend the funeral if possible. After the trial, send the family a note, perhaps about how the death of their loved one affected you. Do not send such sentiments before the trial, because if you are required to testify they could be used as evidence of biased opinion about the case.
19. *In summary, remember: In time; In person; In simple language; and With Compassion.*

While the victim service provider may not be responsible for the actual delivery of the death notification, they need to be aware of who delivers death notifications and endeavor to see that they are adequately prepared for the task. Developing and delivering sensitive homicide notifications cannot be accomplished until there is greater recognition of the grief and traumatic response to homicide (Spungen 1998).



## Approaches to Help Survivors of Homicide

### GENERAL

- Survivors should be allowed to grieve in whatever manner they wish and for as long as they wish.
- Survivors should be allowed to cry freely. It is a healthy expression of grief and releases tensions. The best way to handle feelings by allowing oneself to feel them, rather than keeping feelings under control. Unhelpful remarks include, "You must be strong", "You're handling this very well." When people make those comments, they are saying that the survivor is not acting out any emotions. It is critically important to be able to mourn the loss of a loved one: without expressing pain and telling their story, survivors cannot move towards a newly defined life (achieving a "new normal"). Relief from grief comes from going through it, instead of putting it off. Looking happy and not sharing or showing pain only keeps others comfortable.
- Survivors should be allowed to talk about and personalize the victim. Allow the survivor to criticize the victim and to talk about the good times *and* the bad times.
- Allow survivors to get angry at the criminal or juvenile justice system, the criminal or juvenile murderer, the victim, or simply the unfairness of life. Anger needs to be expressed.
- Let the survivors know you remember, too, by remembering them at holiday times, on the anniversary date of the murder, and the victim's birthday.
- Allow survivors some occasional "time out" from day-to-day pressures. Encourage them to take a day off from work or a day out of the house, etc., and if possible, offer to help with the children.
- Reassure the survivors that the murder was neither their fault nor the victim's fault.
- Tell survivors that you are sorry the murder happened and it is horrible that someone they loved was killed.
- Support survivors in their efforts to reconstruct their lives, even if it means a major change in lifestyle.
- Let survivors know that you will remain their friend and they mean a great deal to you.
- Do not assume or suggest that survivors need to forgive the perpetrator in order to let go of their anger. Forgiveness works for some; it is a source of outrage for others. Forgiveness is a very personal decision. Remember to be supportive of their feelings and never force or pressure them into the direction that you think is right for them.
- Check in with survivors during the holiday season as this can be an especially difficult time for survivors.

## FOR VICTIM SUPPORT PROFESSIONALS

- Learn as much as possible about the case before speaking with the family. If the information is not flattering to the deceased but may affect the investigation of the case, alert the family to these facts as tactfully and sensitively as possible. Do not attempt to shield them from this information as they may find out about it from the media or at the trial. Prepare them for media reporting of such information.
- Determine survivors' needs for contact. Some will require constant contact, while others will want minimal intervention. Temper your need to help if assistance is not needed or wanted.
- Become familiar with the stages of grief and additional stress factors.
- Personalize the deceased. Ask the family to tell you stories or show you pictures. Ask about the victim's hobbies, dreams, and desires.
- Protect the survivors from unwanted media attention but assist those victims who wish to speak to the media.
- Determine if survivors need assistance with funeral arrangements or other family notification responsibilities. If yes, offer to help.
- Realize that financial considerations are paramount in any murder, but especially those in which the victim contributed significantly to the family's coffers. Help survivors to file for insurance benefits, crime victims' compensation, survivors benefits under Social Security, etc., and to seek restitution orders through victim impact statements and pre-sentence investigation reports.
- Determine whether the survivor may qualify for South Carolina's State Office of Victim Assistance Office (SOVA) Crime Victim Compensation Program. This program can assist with paying for funeral costs and medical bills of the victim. In addition, it may assist with mental health fees of survivors. An application must be completed by the survivor. In addition, a copy of the police report and death certificate needs to be sent with the application. In order to be eligible, the victim must not have been engaged in any illegal activity at the time of the homicide.
- Provide survivors with the names of mental health counselors or support groups.
- Provide survivors with information about the investigation and criminal or juvenile justice process. Keep them informed of its progress. (Please note that although most victims will want to know even the smallest detail, not *all* victims will want this information. Find out the victim's desire for information and act accordingly. It is helpful to identify one family member who will disseminate information throughout the family; however, do not focus all of your attention on this one family member.)
- If you do not have current information on the case or court date, please call survivors and say just that. When weeks go by and survivors do not hear from their VSP, they feel forgotten. Many survivors hear information on their case **only** from their VSP. If you do not call, they are left waiting and wondering. Please remember that the scenario of the murder plays

over and over in the survivors mind. When they are not informed of what is happening in their case, it compounds the trauma. Survivors feel connected with their VSP. You may be their only source of information. They have never needed support more in their life. A short call or contact means so much to them.

- Realize that each family member will have individual needs. Work with all family members to determine their need for information and support. Do not forget to include grandparents, siblings (where age appropriate), or other extended family members.
- Be aware that coping with the trauma of homicide can lead to substance abuse problems for survivors. Make appropriate referrals, when indicated, to qualified mental health professionals who specialize in the assessment of substance abuse problems.
- Review, as necessary, all autopsy and/or murder scene photographs to determine the suitability of family members remaining in the courtroom. Some survivors will want to remain no matter how graphic the evidence is. Keep survivors involved in this decision making process. Remember, the final decision is up to the survivor.
- Consider using a family friend or distant relative to identify the victim in any court proceedings if using an immediate family member will disqualify him or her from remaining in the courtroom throughout the trial. (Check beforehand with the prosecutor concerning state laws or court rules allowing this.)
- Provide all court services to survivors that are available to victims of other crimes such as court accompaniment or secure waiting rooms. Assistance in preparing victim impact statements, documenting restitution, or completing pre-sentence investigation reports is appropriate.
- Alert the prosecutor or law enforcement representative of survivors' concerns for safety or other emotional or physical concerns.
- Inform survivors of their rights to file civil suits against the offender or third parties, where applicable.
- Prepare a brochure explaining the emotional ramifications of murder on the survivors and, with permission of the survivors, send materials or meet with survivors' employers so that allowances can be made for missed days from work due either to court or emotional needs.
- Be prepared to provide long-term victim assistance in cases involving the death penalty.
- Help survivors understand the appellate process and provide guidance through any/all appeals that the offender may file. An excellent resource guide to the appellate process is available from the Office of the Attorney General in Missouri.
- Provide guidance to survivors about rights and services available in the post sentencing phases of their cases. Nearly all states and the federal government have corrections-based victim advocates who provide information and assistance regarding victim protection, notification of

offender status and location, restitution, victim input, and parole release hearings.

- Ensure that survivors know their rights regarding parole release hearings (in applicable cases). These include notification of parole consideration hearings; victim protection to address real and perceived fears; restitution and other financial/legal obligations; the provision of victim impact statements (including both a record of the VIS at sentencing as well as oral, written, videotaped, or audiotaped VIS at parole hearings); and information and referrals to supportive services in the community.
- In death penalty cases, determine if the survivors have the right to witness the execution. Many states provide specialized services and separate viewing areas for survivors. It is also important to provide follow-on supportive services, such as accompaniment to the cemetery in which the victim is buried, and media intervention.
- For surviving family members who have reached a point of reconstructing their lives in the aftermath of homicide, determine if they would like to participate in programs such as victim impact panels. Some of the most powerful speakers about victim trauma and the injustices victims endure, for both convicted offenders and justice professionals, are people who have suffered the most immeasurable loss of a loved one through violent means.

Life can continue after the homicide of a loved one. As painful as a survivors' journey may be, the human spirit can (and will) by nature endure. The loss of a loved one in this painful manner is abhorrent, traumatizing, and difficult in terms of providing aftercare. One survives because it is the course of human development to do so. It is in the natural order of things that people, nations, and worlds persevere and continue to go on. Those who are dedicated to helping to restore the lives of survivors of homicide must accept that the real work is accomplished not only through guiding but also through learning and understanding.

### **Promising Practices**

- **Support Groups:** Research indicates that social support is a protective factor for those who experience a traumatic event. Sometimes, survivors have limited social support as family may not live close by or they may have limited contact with friends or family. Further, even if survivors have family and friends in the area, survivors may not perceive experiencing good social support from those around them. After the loss of a loved one, many family and friends rush in to assist their survivor during the funeral and shortly thereafter. However, at around one month after the death, survivors note that others seem to be "going on with their lives" and that they are left feeling isolated. Many survivors report feeling estranged from those they used to be close to and that connecting with those who "understand what they are feeling" can be comforting. Support groups may

be helpful for survivors to provide support and compassion. Support groups may not be helpful for all survivors. Some survivors report that hearing about the details of the homicides of others can be distressing. Support groups that are tailored specifically for homicide is important. Generic grief groups may be helpful, however many survivors report that they do not feel as understood by other group members as their loss is different.

- Parents of Murdered Children (POMC) was founded in 1978 by Charlotte and Robert Hullinger in Cincinnati, Ohio, after the murder of their daughter Lisa. What was once a small group is now a large organization with over 300 chapters and contacts through the United States and abroad. POMC provides the ongoing emotional support needed to help parents and other survivors facilitate the reconstruction of a "new life" and to promote a healing resolution. Not only does POMC help survivors deal with their acute grief, but with the criminal justice system as well. The staff of the National Headquarters of POMC will help any survivor, and if possible, link that survivor with others in the same vicinity who have survived their loved one's murder. In addition, the staff is available to provide individual assistance, support, and advocacy. POMC will provide training to professionals in such areas as law enforcement, mental health, social work, community services, law, criminal justice, medicine, education, religion, the media and mortuary sciences who are interested in learning more about survivors of homicide victims and the aftermath of murder. POMC can be reached toll-free at 888-818-POMC.
- Trauma-focused counseling: Some survivors who are experiencing traumatic grief reactions or PTSD may benefit from trauma-focused individual counseling. This type of specialized therapy has been demonstrated in research to be effective for PTSD symptoms. Treatment usually involves a thorough assessment to determine the survivors symptoms and develop a treatment plan. Survivors learn various coping skills such as relaxation techniques and emotion regulation skills to improve their ability to manage stress. Specific distortions that survivors may have about the death such as *it being their fault* or *if they stop grieving it means they have forgotten about their loved one* are challenged. Sometimes developing a trauma narrative, or retelling of the traumatic event through speaking, writing, or drawing and exposing the survivor to cues that remind them of the event in a safe and systematic manner may be necessary. In addition, traumatic grief counseling may incorporate assisting survivors to develop new ways to feel "connected" with their loved one. For example, survivors may create a journal of memories that they have family and friends contribute or plant a memorial garden.

## **Resources**

### **Charleston Survivors of Homicide Support Group Services**

*A collaborative project between the National Crime Victims Research and Treatment Center and Charleston County Sheriff's Office. Weekly Support groups. Psychoeducational booklets for survivors are offered as well as case management .*

Phone: (843) 792-8209 (Ask for Dr. Alyssa Rheingold) (843) 745-2250 Easter LaRoche

### **Parents of Murdered Children**

*Offers support for families and friends as they work through the grief process and learn what to expect from the criminal justice system. Helps with practical information, referrals, telephone contact, legal consequences of murder and any difficulties that may be bereaved families of homicide victims may encounter. Although this site has sections that may be especially useful to parents who have lost a child to homicide, POMC has many resources that can be useful for anyone who is dealing with the death of a loved one. Currently there is a chapter of POMC located in Columbia, SC.*

Phone: national: (888) 818-POMC

Columbia Chapter: (803)776-0880

Web: [www.pomc.com](http://www.pomc.com)

### **National Coalition of Homicide Survivors**

*Provides links to nationwide victim service agencies, support hotlines, court case updates and much more. Has limited resources for South Carolina, but you can contact the coalition with questions or concerns and they are also looking to expand their involvement, so this could be an opportunity for you to get involved in helping others who are experiencing the loss of a loved one to murder.*

Phone: (520) 881-1794

Web: [www.mivictims.org/NCHS](http://www.mivictims.org/NCHS)

### **Bereaved Parents of the USA**

*National non-profit self-help group that offers support to bereaved parents, grandparents, and siblings. They have chapters around the country that hold monthly meetings.*

Web: [www.bereavedparentsusa.org](http://www.bereavedparentsusa.org)

### **Concerns of Police Survivors**

*Provides resources to assist in the rebuilding of the lives of surviving families of law enforcement officers killed in the line of duty. COPS also provides training to law enforcement agencies on survivor victimization issues and educates the public of the need to support the law enforcement profession and its survivors.*

Phone of local chapter: (843) 871-4421

Web: [www.nationalcops.org](http://www.nationalcops.org)

**GriefNet**

*Online community for people experiencing grief. GriefNet has almost 60 email support groups and many links to similar sites and resources that can help you through the grieving process. It is run by a licensed psychologist who specializes in grief and loss.*

Web: [www.griefnet.org](http://www.griefnet.org)

*The following is a reading list of books that may provide comfort. This list is not comprehensive.*

***For adults who have lost a loved one:***

Doka, Kenneth, Living with Grief after Sudden Death (Hospice Found. of America, 1996).

Hammett, Marcella, Permanent Heartache: Portraits of Grief, Hope, Survival, and Life After Homicide (Nova Science Publishers, 2000).

Jenkins, Bill, What to do When the Police Leave: A Guide to the First Days of Traumatic Loss (WBJ Press, 2001).

Lord, Janice H., No Time for Goodbyes: Coping with Sorrow, Anger, and Injustice After a Tragic Death (Pathfinder Publishing, 2001).

Magee, Doug, What Murder Leaves Behind: The Victim's Family (Dodd Mead, 1983).

Noel, Brook and Blair, Pamela D., I Wasn't Ready to Say Goodbye: Surviving, Coping, and Healing after the Sudden Death of a Loved One (Champion Press, 2000). Accompanying workbook also available.

Obershaw, Richard J., Cry Until You Laugh: Comforting Guide to Coping With Grief (Fairview Press, 1997).

Rando, Therese, How to Go On Living when Someone You Love Dies (Bantam, 1991).

Rock, Paul Elliott, After Homicide: Practical and Political Responses to Bereavement (Oxford University Press, 1998).

Schleifer, Jay, When Someone You Know Has Been Killed (Rosen Publishing Group, 1998).

Walton, Charlie, When There Are No Words: Finding Your Way to Cope With Loss and Grief (Pathfinder Publishing, 1996).

### ***For children and teenagers dealing with loss***

Aub, Kathleen A., Children are Survivors, Too: A Guidebook for Young Homicide Survivors (Grief Educational Resources, Inc., 1995).

Bode, Janet, Death is Hard to Live With: Teenagers Talk About how they Cope with Loss (Bantam Doubleday Press, 1993).

Dougy Center for Grieving Children, Helping Children Cope with Death and 35 Ways to Help a Grieving Child (Dougy Center, 1998,1999).

Grollman, Earl A., Straight Talk about Death for Teenagers : How to Cope with Losing Someone You Love (Beacon Press, 1993).

Grollman, Earl A., Bereaved Children and Teens: A Support Guide for Parents and Professionals (Beacon Press, 1996).

Mundy, Michaelene, Sad Isn't Bad: A Good-Grief Guidebook for Kids Dealing With Loss (Abbey Press, 1998).

### ***Faith-based resources***

Clapper, Gregory Scott, When the World Breaks Your Heart: Spiritual Ways to Live with Tragedy (Upper Room, 1999).

Hickman, Martha W., Healing After Loss: Daily Meditations for Working Through Grief (Collins, 1999).

Lampman, Lisa Barnes and Shattuck, Michelle D., God and the Victim: Theological Reflections on Evil, Victimization, Justice, and Forgiveness (Harvard University Press, 2000).

Peterson, Kathrine Palmer, Healing Stories of Grief and Faith, From Denial and Despair to Comfort and Peace (Garrison Oaks Publishing, 2002).

Porrath, Samuel, Life Beyond the Final Curtain: Death Is Not the End/How to Cope With Grief: Words of Comfort--A Rabbi's Personal Statement (Ktav Publishing, Inc., 1985).

Westberg, Granger E., Good Grief: A Constructive Approach to the Problem of Loss (Augsberg Fortress Publications, 2004).



***For those who know someone who has lost a loved one***

Kolf, June Cerza, How Can I Help: Reaching Out to Someone Who Is Grieving (Baker Publishing Group, 1999).

Lord, Janice H., Beyond Sympathy: What to Say and Do for Someone Suffering an Injury, Illness or Loss (Pathfinder Publishing, 1989).

Miller, James E., What Can I Do to Help?: 12 Things to Do When Someone You Know Suffers a Loss (Willowgreen Publishing, 2000). Sold together with What Will Help Me?: 12 Things to Remember When You Have Suffered a Loss by same author.

Miller, James E. and Cutshall, Susan C., The Art of Being a Healing Presence (Willowgreen Publishing, 2001).

**Homicide Self-Examination**

1. Which of the following groups is at greatest risk of being killed by an intimate partner?
  - a. Latino males
  - b. White females
  - c. African-American males
  - d. African-American females
  - e. White males
2. Name five key issues that most survivors of homicide victims will have to confront.
3. How and why does death due to homicide differ from natural forms of death?
4. What is traumatic grief, and why is bereavement a major factor in homicidal deaths?
5. What are five support factors anyone can provide to a survivor of homicide?